

## ARIZONA STATE BOARD OF HEALTH

## 1. PLACE OF BIRTH

## BUREAU OF VITAL STATISTICS

State File No. 409.

NAME ADDED BY SUPPLEMENT STANDARD CERTIFICATE OF BIRTH

Registered No. 409.County Yuma State ARIZONA

Township \_\_\_\_\_ or Village \_\_\_\_\_

City Solomonville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Dr. Thomas Kempton { If child is not yet named, make supplemental report, as directed3. Sex m If plural births \_\_\_\_\_ 4. Twin, triplets, or other Triplets 5. Number, in order of birth 1 6. Premature \_\_\_\_\_ Full term yes 7. Is mother married? yes 8. Date of birth Dec. 5, 1938 (Month, day, year)9. Full name FATHER Mildred W. Kempton 18. Full maiden name MOTHER Ruby Gardner10. Residence (usual place of abode) (If non-resident, give place and State) Solomonville 19. Residence (usual place of abode) (If non-resident, give place and State) Solomonville11. Color or race W. 12. Age at last birthday 39 (Years) 20. Color or race W. 21. Age at last birthday 24 (Years)13. Birthplace (city or place) Bayce, Ariz. (State or Country) 22. Birthplace (city or place) Witcher, Ariz. (State or Country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Master 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. W. W.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work Dec 38 17. Total time (years) spent in this work 2 25. Date (month and year) last engaged in this work Dec 38 26. Total time (years) spent in this work 1027. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ or weeks \_\_\_\_\_ 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 8:30 a.m. on the date above stated (When there was no attending physician or midwife, then the father, householder, etc., should make this return.) (Born alive or stillborn)(Signed) F.W. Butler M.D. M. D.

or \_\_\_\_\_, Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Safford, ArizonaFiled January 10, 1939 Registrar W. H. Thompson

Registrar.